

10-04-02

Attorney's Docket No:
A-378CIP5

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER

Serial No. 09/613,591	Filing Date July 10, 2000	Examiner R. Deberry	Group Art Unit 1647			
In Re Application of Boyle et al.						
For COMBINATION THERAPY FOR CONDITIONS LEADING TO BONE LOSS						
TO THE ASSISTANT COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input checked="" type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$400.00) <input type="checkbox"/> Three months of original due date (\$920.00) <input type="checkbox"/> Four months of original due date (\$1,440.00) <input type="checkbox"/> Five months of original due date (\$1,960.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:						
<input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed.						
<input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$84	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$280	= 0.00
Total Additional Fee for this Amendment					\$0.00	
<small>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</small>						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 110.00. A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
<u>Please Send Future Correspondence To:</u> US Patent Operations/[TJG] Dept. 4300, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799						
 Timothy J. Gaul Attorney for Applicants Registration No.:33,111 Phone: (805) 447-2688 Date: October 2, 2002						

EXPRESS MAIL CERTIFICATE

'Express Mail' mail labeling number: EL360691385US

Date of Deposit:

October 2, 2002

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Commissioner of Patents and Trademarks, Washington, D.C. 20231

Lynne Bucksbaum
Printed NameLynne Bucksbaum
Signature

09613591

10/07/2002 TIBESHAN 1 00000104 010519

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